

Supplemental Application Data Sheet**Application Information**

Application number::	Not Yet Assigned
Filing Date::	04/20/05
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHOD AND SYSTEM FOR MEDICAL COMMUNICATIONS
Attorney Docket Number::	60045(50177)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Status::	Full Capacity
Given Name::	James
Middle Name::	L.
Family Name::	Meisel
City of Residence::	Newton
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	15 Cynthia Road
City of mailing address::	Newton
State or Province of mailing address::	MA

Postal or Zip Code of mailing address:: 02459

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Philip
Family Name:: Libin
City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 57 Clay Street
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02140

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Vladimir
Middle Name:: I.
Family Name:: Valtchinov
City of Residence:: Newton
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 750 Chestnut Street
City of mailing address:: Newton
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02468

Correspondence Information

Correspondence Customer Number:: 21874

Representative Information

Representative Customer Number:: 21874

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Claims benefit of	60/420,325	10/21/02
This Application	National Stage of	PCT/US2003/033495	10/21/03

Foreign Priority Information**Assignee Information**

Assignee name:: Medvance Solutions Inc.
Street of mailing address:: 796 Beacon Street
City of mailing address:: Newton
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02459